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**CYTARABINE (ARA-C) AND CISPLATIN (CDDP) AS SALVAGE THERAPY IN ADVANCED COLORECTAL CANCER. A FRENCH NORTHERN ONCOLOGY GROUP (FNOG) STUDY.** A Adenis,J Bonneterre for the FNOG. Centre Oscar Lambret, Lille, France.

The combination of CDDP and ARA-C has shown some clinical efficiency as first line therapy in advanced colorectal cancer with a 42 % response rate (Gercovitch, AACR, 1991). Our study was aimed to evaluate the therapeutic activity of this combination in advanced colorectal cancer who failed a first or a second line therapy. From december 1991 to february 1993, 17 patients with metastatic measurable colorectal cancer who failed 5FU-LV therapy as first line (n=14) or second line treatment (n=3), entered the study. Three patients who recurred during adjuvant treatment with 5FU and levamisol, were also included. Median age was 59.5 years (40-69). PS was : 0 (n=5), 1 (n=11), 2 (n=3), 3 (n=1). Site of metastases included liver (n=16), lung (n=7)), abdominal (n=4), miscellaneous (n=2). Nine patients had several metastatic sites (2 sites for 8 patients). The treatment was given as follows: ARA-C 75 mg/m2/d, days 1-3, followed 1 hr later by CDDP 30 mg/m2/d, days 1-3, every 28 days. The median number of cycles was 3 (1-6). In february 1993, 15 patients were evaluable for response and 19 for toxicity; 1 patient was inevaluable due to insuffisant data and 4 because they were too early. Maximal hematological and non hematological gr.3 and gr.4 toxicities were observed in 8/19 and 9/19 patients, respectively. No objective response was observed but 3 stabilizations and 12 progressive diseases. Conclusion, it is unlikely that this CDDP/ARA-C regimen will be of clinical value as salvage therapy in advanced colorectal cancer because of its toxity and its lack of efficiency.

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SECOND LINE CHEMOTHERAPY ON ADVANCED COLO-RECTAL TUMORS: EVALUATION OF MITOMYCIN C (MMC) ACTIVITY.

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From 2/'92 to 8/'92, 22 patients with advaced colo-rectal cancer (15 colon cancers and 7 rectum cancers) entered a study with MMC, 10 mg/sqm every 4 weeks. The aim of the study was to evaluate the response rate and the toxicity of MMC as single agent in a second line treatment. All the patients (14 males and 8 females; mean age 58 years, range 37-75; mean PS 1) were considered in disease progression after a 5-FU+FA treatment used at different schedules. Total metastasis where 35: 13 at liver, 11 abdominal metastasis ± local relapses, 2 at lung and 9 multiple metastasis. After 3 cycles of therapy the responders (PR+NC) were treated with others 3 cycles,while no responders stopped. A disease evaluation was considered at sixth cycle. RESULTS: 1 pt had PR after 6 cycles; 5 pts had NC after 6 cycles; 16 pts had PD (13 pts after 3 cycles and 3 pts after 6 cycles). Toxicity was mild: 5 pts had gastroenteric toxicity (2pts grade 1 and 3 pts grade 2 - WHO) and 2 pts had haematologic toxicity (1 pt grade 1 and 1 pt grade 2). CONCLUSIONS: MMC used at this dosage and schedule in advanced colo-rectal cancer pretreated with a I line chemotherapy does not seem to have a real efficacy. Moreover, further fase I and II studies are needed to find out more efficacious drugs and combination regimens.

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PHASE II TRIAL OF OXALIPLATIN : L-OHP® IN PATIENTS WITH COLORECTAL CARCINOMA (CRC) PREVIOUSLY RESISTANT TO 5 FLUORURACIL(5 FU) AND FOLINIC ACID( FA ).: Machover D.**, de Gramont A.*, Gastiaburu J.***, Moreau S.*, Brienza S.***, Louvet C.*, Varette C.*, Itzhaki M., Krulik M*. and Misset J.L.***

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L-OHP® is a Platinum compound which is devoid of renal and hematological toxicity at current recommended dosage. It has proven experimental and clinical activity in CRC. We started a phase II study of L-OHP® in CRC patients(pts.) resistants to previous FU+ FA containing therapy. L-OHP® was given at 130 mg/m2 in 5% d.w. over 2 hours every 3 weeks. Assessment of response (W.H.O) was performed every 3 courses. Pts. characteristics: from 4/92 to 11/92, 26 patients (20 males/6 females)were entered and 96 cycles were administered.Median age: 62 yrs (44-71). Metastatic sites: Liver: 24/26 ( alone16, with lung : 3 , with others : 5.) Other sites : 2.pts. Previous treatment: 5FU + FA :11 pts. 5FU+ FA and hydroxyurea:15 pts. Results: 21/26pts were evaluated ( 5/26 too early) 2/21 pts (10%) presented PR, 13/21 pts SD and 6/21 pts PD ; response duration 6 and 8+ mos. Time to progression of SDs: mean 4 mos.(2-6).Toxicity(W.H.O.): 96.cycles(cy) were evaluated.in 21 pts.: Grade (gr.) 2: reversible (<1 week) dysesthesia-paresthesia: 92/96 cy., nausea and vomiting (N-V): 11/96 cy, diarrhea 10/96 cy. Gr. 3: Diarrhea: 6/96 cy., N-V:2/96 cy.

Conclusion: Oxaliplatin is active in advanced metastatic colorectal carcinoma resistant to 5 FU. Toxicity is moderate. L-OHP deserves first line combination therapy testing.

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111IN-CYT-103 SCINTIGRAPHY FOR PATIENTS WITH COLORECTAL CARCINOMA: DIAGNOSTIC VALUE.

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OBJECTIVE: To evaluate the efficacy of 111In-CYT-103 in the follow-up of patients with colorectal carcinoma.

PATIENTS AND METHOD: The scintigraphy was performed in 16 patients with colorectal carcinoma in whom a relapse was suspected. The results were compared with those of abdominal-pelvic-CT scan, ultrasonography and serum level of CEA.

Fifteen patients have been injected with 4-5 mCi 111-In MAb B72,3 48 to 96 hours before the scintigraphy was performed.

RESULTS: No side effects were observed in any patients. The scintigraphy was positive in 5 patients with pelvic relapse; in 2 of them the CT scan was also positive, whereas the other three only had an elevated CEA level. There were not false positive cases.

The scintigraphy was negative in 11 patients, 7 without relapse and 4 with hepatic metastases.

CONCLUSIONS: This study shows that 111-In-CYT-103 scintigraphy is very safe and seems to be highly specific (100%) and moderately sensitive (55 %) for relapses in colorectal carcinoma, especially for pelvic relapses. It was not useful for hepatic metastases. It has a positive predictive value of 100% and a negative predictive value of 63 %.

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α INTERFERON VS PLACEBO RANDOM STUDY IN EARLY COLORECTAL CANCER

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Surgical treatment is still considered the best for early colorectal cancer (A B Duke's stage); all attempts to improve survival by chemotherapy or radiotherapy demostrated not significant benefit with surgery alone in terms of objective response rate. Because of α IFN improve prognosis in advanced colorectal cancer, we treated patients in early stage. Between 09/01/90 and 08/31/92, 90 patients (58 malos, 32 females) (60 treated, 30 untreated) randomly selected entered the study, all patients presented age < 75 years, P. S. ≤ 1, A or B Dukes's stage, adequate bone marrow reserve, no renal or hepatic failure.

The drug schedule was as follows: 6 x $10^6$ α-2B-IFN for 6 mts . A 3 mts follow-up was performed for 1 year. All pts well tolered the treatment. Actually 2 untreated pts have local recidive of disease, treated pts are all alive.

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COLORECTAL CARCINOMA IN YOUNG PEOPLE.

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Earlier reports stressed the poor prognosis of the colorectal tumour in the young people. This opinion has been challenged by recent reports showing no differences in 5 year-survival rates from those seen in later decades. We report the outcome of 2 groups of 16 pts, similar for sex, (M,F), side (RC,LC,S,RS,R), Dukes' stage, and grading. In the first group 9 males and 7 females, all the pts were less 45 years old, and they had the corrispondent case control in the second group, were pts had age between 70 -80 years. In every group radical surgery was performed in 10 cases and palliative surgery in 6 cases. All the pts underwent at same surgical procedure concerning side and stage of tumour, and we valued 5 year survival. Results are reported in table

| N° | SEX | SITE | DUKES | GRADING | STATUS GROUP 1 | STATUS GROUP 2 |
|---|---|---|---|---|---|---|
| 1 | M | RC | B | G2 | A | A |
| 2 | M | RS | A | G1 | A | D |
| 3 | F | S | A | G2 | A | A |
| 4 | M | R | C | G1 | D | D |
| 5 | F | S | A | G1 | A | A |
| 6 | M | R | B | G2 | D | D |
| 7 | F | R | A | G2 | D | D |
| 8 | M | R | B | G2 | D | D |
| 9 | F | R | B | G2 | A | A |
| 10 | F | S | B | G2 | D* | D |

* Dead in post-operative period

The outcome in young pts is similar (p=0.63) to that of older age. The prognosis is correlated with the stage and grading of tumour.